COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2013

to be filed with:

Office of the Attorney General
Charitable Trusts Unit

33 Capitol Street, Concord, NH 03301-6397
603-271-3591

RECEIVED

JUL 27 2015

Section 1: ORGANIZATIONAL INFORMATION

CHARITABLE TRUSTS UNIT

Organization Name Sullivan County Oral Health Collaborative, Inc.

Street Address 1 Tremont Street

City Claremont

County 10 - Sullivan

State NH Zip Code 03743

Federal ID # -680662886

State Registration # 13168

Website Address: n/a

Is the organization's community benefit plan on the organization's website? No

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission? No IF YES, please attach the updated information.

Chief Executive:	Kelly Murphy	2871300	cdcc@comcast.net
Board Chair:	Susan Bryant	2871300	cdcc@comcast.net
Community Bene	efits		
Plan Contact:	Susan Bryant	2871300	cdcc@comcast.net

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: To enhance oral healththrough access to care for people in Sullivan County, specifically serving low to moderate income individuals and families Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area): SCOHC serves the rural region of Sullivan County, New Hampshire, with a population of over 47,000 people, living in 15 towns across 537 square miles.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population): Serves the General Population.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2012 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)		
1	100		
2	400		
3	501		
4	603		
5	999		
6	300		
7	601		
8	121		
9	350		

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
Α	372
В	603
C	
D	
E	
F	
G	·

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. Attach additional pages if necessary:

According to both service providers and the general community surveyed in the health assessment, access to and availability of oral health education/prevention/wellness and screenings were identified as high priorities. There is also the concern that six area oral health providers are reaching or exceeding retirement age in the next couple of years.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

A. Community Health Services	Com N Add	Veed	!	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education	8			\$31,179.30	\$32,000.00
Community-based Clinical Services					
Health Care Support Services					
Other:					

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Clinical Settings for Undergraduate Training			
Intern/Residency Education	***		
Scholarships/Funding for Health Professions Ed.			
Other:		·	\

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Type of Service:		: : :	
Type of Service:			

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research			
Community Health Research			
Other:			1.

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Cash Donations			
Grants			
In-Kind Assistance	60 da 90 sus de sa		
Resource Development Assistance			

F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Physical Infrastructure Improvement			
Economic Development	44 Mg pm	·	
Support Systems Enhancement			
Environmental Improvements	** **		
Leadership Development; Training for Community Members			·
Coalition Building			
Community Health Advocacy			,

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Dedicated Staff Costs		\$275.00	\$300.00
Community Needs/Asset Assessment			A CONTRACTOR OF THE CONTRACTOR
Other Operations			

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free & Discounted Health Care Services	8	\$49,322.47	\$45,000.00

I. Government-Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Medicare Costs exceeding reimbursement			
Medicaid Costs exceeding reimbursement	8	\$239,785.60	\$235,000.00
Other Publicly-funded health care costs exceeding reimbursement	** ** **		

Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount			
Gross Receipts from Operations	\$847,608.00			
Net Revenue from Patient Services	\$514,820.00			
Total Operating Expenses	\$652,402.00			
Santa Sa	*			
Net Medicare Revenue	·			
Medicare Costs				
	*			
Net Medicaid Revenue	\$242,809.40			
Medicaid Costs	\$239,785.60			
Unreimbursed Charity Care Expenses	\$80,776.77			
Unreimbursed Expenses of Other Community Benefits	\$			
Total Unreimbursed Community Benefit Expenses	\$320,562.37			
Leveraged Revenue for Community Benefit Activities	\$36,017.00			
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	\$356,579.37			

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Cinnamon Street Early Education & Childcare Center	\boxtimes			
2) Claremont Police Department, Chief Alex Scott	\boxtimes			
3) Claremont Soup Kitchen, Jan Bunnell	X X			
4) Community Dental Care of Claremont, Sue Schroeter	\boxtimes	\boxtimes	\boxtimes	
5) Connecticut Valley Home Care, Dianne Lemay		\boxtimes	\boxtimes	
6) Golden Cross Ambulance	\boxtimes			
7) Greater Claremont Chamber of Commerce	\boxtimes	\boxtimes	\boxtimes	
8) Greater Sullivan Cty Public Health Region	\boxtimes		\boxtimes	
9) Healthcare Consumers, anonymous	\boxtimes			
10) Homeless Community members				
11) River Valley Community College, President Steven Budd	\boxtimes	\boxtimes	\boxtimes	
12) SAU#6, Asst. Superintendent Allen Damren	\square			
13) ServiceLink, Jennifer Seher	\boxtimes			
14) Southwestern Community Services, Gail Merrill	\square	\boxtimes	\boxtimes	
15) Sturm Ruger, Nurse Gary Gray				
16) Sullivan County Healthcare, Administrator Ted Purdy	\boxtimes	\boxtimes	\boxtimes	
17) Sullivan County, Cty Administrator Greg Chanis		\boxtimes	\boxtimes	
18) Turning Points Network, Deborah Mozden		\boxtimes	\boxtimes	
19) UNH Cooperative Extension, Gail Kennedy				
20) VRH, Dr. Shirley Tan				
21) VRH, ED Nurse Manager Tracy Pike	\boxtimes	\boxtimes	\boxtimes	
22) West Central Behavioral Health, Pat Kinne		\boxtimes	\boxtimes	
23) Charlestown Police Department, Chief Ed Smith	\boxtimes			
24)				
25)				

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): SCOHC collaborated with Valley Regional Hospital to conduct its needs assessment. Four qualitative discussion groups with healthcare consumers, service providers, and other community opinion leaders were held. The discussion groups attained direct insight from a breadth of consumers and community groups regarding their perceptions of healthcare service gaps and helped to triangulate information gleaned through review of the quantitative data.

In order to gain the perspective of a diverse set of community stakeholders, VRH conducted four focus group discussions with the following community segments:

• Leadership Group Members. The Leadership Group included executives from service area organizations that have direct contact with healthcare consumers and/or provide affiliated services. The Group helped identify an extensive list of community resources, health needs, and

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue			
Written charity care policy available to the public			
Any individual can apply for charity care	\boxtimes		
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	\boxtimes		
Notices of policy in lobbies	\boxtimes		
Notice of policy in waiting rooms			
Notice of policy in other public areas	\boxtimes		
Notice given to recipients who are served in their home			

service gaps. They also reviewed secondary data and provided feedback on the results of the community opinion leader discussion group. Focus groups were conducted in November 2011 and March 2012.

- Healthcare Consumers. Consumer sectors who participated in the Valley Regional Hospital CHNA discussion group include the homeless, people from diverse age groups and economic strata, individuals with varying degrees of chronic illnesses, and others. Healthcare consumers provided insights regarding community health needs and reflected on the results of the secondary data research.
- Community Opinion Leaders. The Community Opinion Leader Group was comprised of healthcare consumers who live in Sullivan County and also provide community services such as faith-based networking, in-school nursing, public safety, behavioral health counseling, senior housing, and others. Members of this group also contributed their thoughts regarding community needs and insight about ways that disparate community organizations may be able to work together with VRH to address needs.

List of Potential Community Needs for Use on Section 3

- 100 Access to Care; General
- 101 Access to Care: Financial Barriers
- 102 Access to Care; Geographic Barriers
- 103 Access to Care; Language/Cultural Barriers to Care
- 120 Availability of Primary Care
- 121 Availability of Dental/Oral Health Care
- 122 Availability of Behavioral Health Care
- 123 Availability of Other Medical Specialties
- 124 Availability of Home Health Care
- 125 Availability of Long Term Care or Assisted Living
- 126 Availability of Physical/Occupational Therapy
- 127 Availability of Other Health Professionals/Services
- 128 Availability of Prescription Medications
- 200 Maternal & Child Health; General
- 201 Perinatal Care Access
- 202 Infant Mortality
- 203 Teen Pregnancy
- 204 Access/Availability of Family Planning Services
- 206 Infant & Child Nutrition
- 220 School Health Services
- 300 Chronic Disease Prevention and Care; General
- 301 Breast Cancer
- 302 Cervical Cancer
- 303 Colorectal Cancer
- 304 Lung Cancer
- 305 Prostate Cancer
- 319 Other Cancer
- 320 Hypertension/HBP
- 321 Coronary Heart Disease
- 322 Cerebrovascular Disease/Stroke
- 330 Diabetes
- 340 Asthma
- 341 Chronic Obstructive Pulmonary Disease
- 350 Access/Availability of Chronic Disease Screening Services
- 360 Infectious Disease Prevention and Care; General
- 361 Immunization Rates
- 362 STDs/HIV
- 363 Influenza/Pneumonia
- 364 Food borne disease
- 365 Vector borne disease

- 370 Mental Health/Psychiatric Disorders Prevention and Care; General
- 371 Suicide Prevention
- 372 Child and adolescent mental health
- 372 Alzheimer's/Dementia
- 373 Depression
- 374 Serious Mental Illness
- 400 Substance Use; Lifestyle Issues
- 401 Youth Alcohol Use
- 402 Adult Alcohol Use
- 403 Youth Drug Use
- 404 Adult Drug Use
- 405 Youth Tobacco Use
- 406 Adult Tobacco Use
- 407 Access/Availability of Alcohol/Drug Treatment
- 420 Obesity
- 421 Physical Activity
- 422 Nutrition Education
- 430 Family/Parent Support Services
- 500 Socioeconomic Issues; General
- 501 Aging Population
- 502 Immigrants/Refugees
- 503 Poverty
- 504 Unemployment
- 505 Homelessness
- 506 Economic Development
- 507 Educational Attainment
- 508 High School Completion
- 509 Housing Adequacy
- 520 Community Safety & Injury; General
- 521 Availability of Emergency Medical Services
- 522 Local Emergency Readiness & Response
- 523 Motor Vehicle-related Injury/Mortality
- 524 Driving Under Influence
- 525 Vandalism/Crime
- 526 Domestic Abuse
- 527 Child Abuse/Neglect
- 528 Lead Poisoning
- 529 Work-related injury
- 530 Fall Injuries
- 531 Brain Injury
- 532 Other Unintentional Injury

- 533 Air Quality
- 534 Water Quality
- 600 Community Supports; General
- 601 Transportation Services
- 602 Information & Referral Services
- 603 Senior Services
- 604 Prescription Assistance
- 605 Medical Interpretation
- 606 Services for Physical & Developmental Disabilities
- 607 Housing Assistance
- 608 Fuel Assistance
- 609 Food Assistance
- 610 Child Care Assistance
- 611 Respite Care
- 999 Other Community Need